

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308788
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 01/23/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

Vendor: 1042902449 9
HOLOGIC INC
24506 NETWORK PL
CHICAGO IL 606731245
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Wherry, Valerie F 940/720-8479

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

ATTN DSHS CLAIMS: Send approval requests to LabAccounting@dshs.texas.gov

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 7-10 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays

AGENCY CONTACT:
Linda Cao
(512)776-7657
linda.cao@dshs.texas.gov

Ship to Attn: Linda Cao
Loading Dock: L-114
Building: Laboratory L-401

HHSC BUYER:
Valerie Wherry, CTCD
(940)720-8479
valerie.wherry@hhs.texas.gov

VENDOR:
Mindy Thiery
(800)442-9892
mindy.thiery@hologic.com

QUOTE: Valid thru 8/21/23 - Attached

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition 0000215970							
1-1	PRD-06419 APTIMA SARS-COV-2 ASSAY, EUA, 250-TEST	193-48	1.00	KIT	7000.00000	\$7,000.00	02/03/2023
Schedule Total						\$7,000.00	
Item Total for Line 1						\$7,000.00	
2-1	PRD-04339 FUSION SPECIMEN LYSIS TUBES, 100 PER BAG	175-53	1.00	BAG	125.00000	\$125.00	02/03/2023
Schedule Total						\$125.00	
Item Total for Line 2						\$125.00	
Total PO Amount						\$7,125.00	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By

Valerie Wherry, CTCO

01/23/2023